

**State of Maine**  
**RFP / Proposal Master Score Sheet**

| SCORESHEET FOR RFP# 202009134 Service Locator Tool     |                      |                            |                 |                                     |                 |   |                 |
|--|----------------------|----------------------------|-----------------|-------------------------------------|-----------------|---|-----------------|
| <b>PROPOSAL SUBMITTED BY:</b>                          |                      | Maximus US Services, Inc.  |                 | OpenBeds, An Appriss Health Company |                 | Portland Webworks, Inc.                 |                 |
| <b>COST:</b>   |                      | <b>Cost:</b>               | \$ 5,538,610.16 | <b>Cost:</b>                        | \$ 1,007,807.78 | <b>Cost:</b>                            | \$ 384,800.00   |
| <b>EVALUATION ITEM</b>                                 | <b>POINTS AVAIL.</b> |                            |                 |                                     |                 |   |                 |
| Section II: Organization Qualifications and Experience | 25                   | 18.00                      |                 | 23.00                               |                 | 10.00                                   |                 |
| Section III: Proposed Services                         | 40                   | 28.00                      |                 | 39.00                               |                 | 10.00                                   |                 |
| Section IV: Cost Proposal                              | 35                   | 2.43                       |                 | 13.36                               |                 | 35.00                                   |                 |
| <b>TOTAL</b>   | <b><u>100</u></b>    | <b><u>48.43</u></b>        |                 | <b><u>75.36</u></b>                 |                 | <b><u>55.00</u></b>                     |                 |
| <b>PROPOSAL SUBMITTED BY:</b>                          |                      | Prelude Systems, Inc.      |                 | Protech Solutions, Inc              |                 | Vinyl Development LLC DBA Zudy Software |                 |
| <b>COST:</b>   |                      | <b>Cost:</b>               |                 | <b>Cost:</b>                        | \$ 2,907,945.80 | <b>Cost:</b>                            | \$ 1,278,845.00 |
| <b>EVALUATION ITEM</b>                                 | <b>POINTS AVAIL.</b> |                            |                 |                                     |                 |   |                 |
| Section II: Organization Qualifications and Experience | 25                   |                            |                 | 15.00                               |                 | 12.00                                   |                 |
| Section III: Proposed Services                         | 40                   |                            |                 | 28.00                               |                 | 15.00                                   |                 |
| Section IV: Cost Proposal                              | 35                   |                            |                 | 4.63                                |                 | 10.53                                   |                 |
| <b>TOTAL</b>   | <b><u>100</u></b>    | <b><u>Disqualified</u></b> |                 | <b><u>47.63</u></b>                 |                 | <b><u>37.53</u></b>                     |                 |

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, Maine 04333-0011  
Tel.: (207) 287-3707; Fax: (207) 287-5031  
TTY: Dial 711 (Maine Relay)

## **Award Justification Statement**

### **RFP# 202009134 Service Locator Tool**

#### **I. Summary**

Through RFP# 202009134 the Department sought proposals for a Service Locator Tool. Six (6) Bidders responded to RFP# 202009134, Maximus US Services, Inc., OpenBeds, An Apriss Health Company, Portland Webworks, Inc., Prelude Systems, Inc., Protech Solutions, Inc and Vinyl Development LLC DBA Zudy Software. Through the evaluation process, OpenBeds was the highest scoring Bidder and determined to provide the best value to the State of Maine.

#### **II. Evaluation Process**

An evaluation team comprised of State employees, applied the consensus method in scoring the Bidders Qualifications & Experience and Proposed Services. Scores for the Cost Proposal were assigned using a mathematical formula.

#### **III. Qualifications & Experience for OpenBeds**

- Experience connecting consumers and providers with various treatment options in eight states.
- Project examples were highly relevant to the requested services.
- Demonstrated an understanding of the Maine OUD/SUD community.

#### **IV. Proposed Services for OpenBeds**

- Clear decision support tool for both patients and providers.
- Development of the tool is minimal as the proposed system is capable of achieving most required functionality.
- Robust system infrastructure with the flexibility to meet future requirements.

#### **V. Cost**

OpenBeds proposed a cost of \$1,007,807.78

#### **VI. Conclusion**

Out of 100 possible points, OpenBeds scored a 75.36, which was the highest point total awarded by the evaluation team. The strengths of OpenBeds's proposal include a strong organization with relevant experience and a complete and detailed proposed scope of service. The Evaluation Team has determined the proposal submitted by OpenBeds represents the best value to the State of Maine.

**From:** [Charette, Thomas](#)  
**To:** [MaximusHealthProposals@maximus.com](mailto:MaximusHealthProposals@maximus.com)  
**Cc:** [Charette, Thomas](#)  
**Subject:** Proposal Evaluation Notification for RFP 202009134, Service Locator Tool - Maxi.  
**Date:** Wednesday, December 2, 2020 3:27:54 PM  
**Attachments:** [AL\\_RFP\\_202009134 - Maximus.doc.pdf](#)

---

Good afternoon Mr. Baker,

The Department's Evaluation Team concluded the evaluations of all proposals submitted for the Office of MaineCare Services RFP 202009134, Service Locator Tool.

The attached letter identifies the awarded Bidder selected through the evaluation process.

Thank you.

Tom Charette  
Management Analyst  
DHHS/Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, ME 04333

[RFP.DHHS@maine.gov](mailto:RFP.DHHS@maine.gov)

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TTY: Dial 711 (Maine Relay)

12/2/2020

Via Electronic Mail: [MaximusHealthProposals@maximus.com](mailto:MaximusHealthProposals@maximus.com)

Maximus US Services, Inc.  
Martin Baker, Vice President- Regional Account Lead  
1891 Metro Center Drive  
Reston, VA 20190

SUBJECT: Notice of Conditional Contract Award under RFP #202009134, Service Locator Tool

Dear Mr. Baker:

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Office of MaineCare Services. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to:

- OpenBeds, Inc., d/b/a of Appriss Inc.

OpenBeds, Inc., d/b/a of Appriss Inc. (OpenBeds), received the evaluation team's highest ranking. The Department will be contacting OpenBeds soon to negotiate a contract. As provided in the RFP, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and OpenBeds. OpenBeds shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Conditional Contract Award at any time prior to the execution of a written contract.


As stated in the RFP, following announcement of this award decision, all submissions in response to the RFP are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract.

Any person aggrieved by this award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Division of Purchases, Chapter 120, § (2) (2).

Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:  
  
3C31413C9F12439...

Michelle S. Probert  
Director  
Office of MaineCare Services

**From:** [Charette, Thomas](#)  
**To:** [nrawat@apprisshealth.com](mailto:nrawat@apprisshealth.com)  
**Cc:** [Charette, Thomas](#); [rcohen@apprisshealth.com](mailto:rcohen@apprisshealth.com)  
**Subject:** Proposal Evaluation Notification for RFP 202009134, Service Locator Tool - OB  
**Date:** Wednesday, December 2, 2020 3:28:46 PM  
**Attachments:** [AL\\_RFP\\_202009134 - OpenBeds Inc. dba Appriss Health.doc.pdf](#)

---

Good afternoon Dr. Nishi Rawat,

The Department's Evaluation Team concluded the evaluations of all proposals submitted for the Office of MaineCare Services RFP 202009134, Service Locator Tool.

The attached letter identifies the awarded Bidder selected through the evaluation process.

Thank you.

Tom Charette  
Management Analyst  
DHHS/Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, ME 04333

[RFP.DHHS@maine.gov](mailto:RFP.DHHS@maine.gov)

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Commissioner



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Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, Maine 04333-0011  
Tel.: (207) 287-3707; Fax: (207) 287-5031  
TTY: Dial 711 (Maine Relay)

12/2/2020

Via Electronic Mail: [nrawat@apprisshealth.com](mailto:nrawat@apprisshealth.com)

OpenBeds Inc., d/b/a Appriss Inc.  
Nishi Rawat, M.D. Senior Vice President, Appriss Health  
9901 Linn Station Road, Suite 500  
Louisville, KY 40223

SUBJECT: Notice of Conditional Contract Award under RFP #202009134, Service Locator Tool

Dear Dr. Nishi Rawat:

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Office of MaineCare Services. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to:

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Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:  
  
3C31413C9F12439...

Michelle S. Probert  
Director  
Office of MaineCare Services



**From:** [Charette, Thomas](#)  
**To:** [tom@portlandwebworks.com](mailto:tom@portlandwebworks.com)  
**Cc:** [Charette, Thomas](#)  
**Subject:** Proposal Evaluation Notification for RFP 202009134, Service Locator Tool - PWW  
**Date:** Wednesday, December 2, 2020 3:29:24 PM  
**Attachments:** [AL\\_RFP\\_202009134 - Portland Webworks.doc.pdf](#)

---

Good afternoon Mr. Lovering,

The Department's Evaluation Team concluded the evaluations of all proposals submitted for the Office of MaineCare Services RFP 202009134, Service Locator Tool.

The attached letter identifies the awarded Bidder selected through the evaluation process.

Thank you.

Tom Charette  
Management Analyst  
DHHS/Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, ME 04333

[RFP.DHHS@maine.gov](mailto:RFP.DHHS@maine.gov)

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Maine Department of Health and Human Services  
Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, Maine 04333-0011  
Tel.: (207) 287-3707; Fax: (207) 287-5031  
TTY: Dial 711 (Maine Relay)

12/2/2020

Via Electronic Mail: [tom@portlandwebworks.com](mailto:tom@portlandwebworks.com)

Portland Webworks, Inc.  
Tom Lovering, Director, Business Development  
5 Milk Street  
Portland, ME 04101

SUBJECT: Notice of Conditional Contract Award under RFP #202009134, Service Locator Tool

Dear Mr. Lovering:

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Office of MaineCare Services. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to:

- OpenBeds, Inc., d/b/a of Appriss Inc.

OpenBeds, Inc., d/b/a of Appriss Inc. (OpenBeds), received the evaluation team's highest ranking. The Department will be contacting OpenBeds soon to negotiate a contract. As provided in the RFP, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and OpenBeds. OpenBeds shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Conditional Contract Award at any time prior to the execution of a written contract.


As stated in the RFP, following announcement of this award decision, all submissions in response to the RFP are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract.

Any person aggrieved by this award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Division of Purchases, Chapter 120, § (2) (2).

Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:  
  
3C31413C9F12439...

Michelle S. Probert  
Director  
Office of MaineCare Services

**From:** [Charette, Thomas](#)  
**To:** [ameetha\\_g@preludesys.com](mailto:ameetha_g@preludesys.com)  
**Cc:** [Charette, Thomas](#)  
**Subject:** Proposal Evaluation Notification for RFP 202009134, Service Locator Tool - Prelude  
**Date:** Wednesday, December 2, 2020 3:31:04 PM  
**Attachments:** [AL\\_RFP\\_202009134 - Prelude Systems.doc.pdf](#)

---

Good afternoon Ameetha Gokhale,

The Department's Evaluation Team concluded the evaluations of all proposals submitted for the Office of MaineCare Services RFP 202009134, Service Locator Tool.

The attached letter identifies the awarded Bidder selected through the evaluation process.

Thank you.

Tom Charette  
Management Analyst  
DHHS/Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, ME 04333

[RFP.DHHS@maine.gov](mailto:RFP.DHHS@maine.gov)

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Commissioner



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Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, Maine 04333-0011  
Tel.: (207) 287-3707; Fax: (207) 287-5031  
TTY: Dial 711 (Maine Relay)

12/2/2020

Via Electronic Mail: [ameetha\\_g@preludesys.com](mailto:ameetha_g@preludesys.com)

Prelude Systems, Inc.  
Ameetha Gokhale, Operations Manager  
5 Corporate Park, Suite #140  
Irvine, CA 92606

SUBJECT: Notice of Conditional Contract Award under RFP #202009134, Service Locator Tool

Dear Ameetha Gokhale:

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Office of MaineCare Services. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to:

- OpenBeds, Inc., d/b/a of Appriss Inc.

OpenBeds, Inc., d/b/a of Appriss Inc. (OpenBeds), received the evaluation team's highest ranking. The Department will be contacting OpenBeds soon to negotiate a contract. As provided in the RFP, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and OpenBeds. OpenBeds shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Conditional Contract Award at any time prior to the execution of a written contract.


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Any person aggrieved by this award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Division of Purchases, Chapter 120, § (2) (2).

Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:  
  
3C31413C9F12439...

Michelle S. Probert  
Director  
Office of MaineCare Services

**From:** [Charette, Thomas](#)  
**To:** [Richard Hayward](#)  
**Cc:** [Charette, Thomas](#)  
**Subject:** Proposal Evaluation Notification for RFP 202009134, Service Locator Tool - Protech  
**Date:** Wednesday, December 2, 2020 3:29:53 PM  
**Attachments:** [AL\\_RFP\\_202009134 - Protech.doc.pdf](#)

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Good afternoon Mr. Hayward,

The Department's Evaluation Team concluded the evaluations of all proposals submitted for the Office of MaineCare Services RFP 202009134, Service Locator Tool.

The attached letter identifies the awarded Bidder selected through the evaluation process.

Thank you.

Tom Charette  
Management Analyst  
DHHS/Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, ME 04333

[RFP.DHHS@maine.gov](mailto:RFP.DHHS@maine.gov)

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11 State House Station  
109 Capitol Street  
Augusta, Maine 04333-0011  
Tel.: (207) 287-3707; Fax: (207) 287-5031  
TTY: Dial 711 (Maine Relay)

12/2/2020

Via Electronic Mail: [richard.hayward@Protechsolutions.com](mailto:richard.hayward@Protechsolutions.com)

Protech Solutions, Inc.  
Richard Hayward  
303 W Capitol Ave., Suite 330  
Little Rock, AR 72201

SUBJECT: Notice of Conditional Contract Award under RFP #202009134, Service Locator Tool

Dear Mr. Hayward:

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Office of MaineCare Services. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to:

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Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:  
  
3C31413C9F12439...

Michelle S. Probert  
Director  
Office of MaineCare Services

**From:** [Charette, Thomas](#)  
**To:** [MartynMason@zudy.com](mailto:MartynMason@zudy.com)  
**Cc:** [Charette, Thomas](#)  
**Subject:** Proposal Evaluation Notification for RFP 202009134, Service Locator Tool - Vinyl/Zudy  
**Date:** Wednesday, December 2, 2020 3:30:28 PM  
**Attachments:** [AL\\_RFP\\_202009134 - Vinyl-Zudy.doc.pdf](#)

---

Good afternoon Mr. Mason,

The Department's Evaluation Team concluded the evaluations of all proposals submitted for the Office of MaineCare Services RFP 202009134, Service Locator Tool.

The attached letter identifies the awarded Bidder selected through the evaluation process.

Thank you.

Tom Charette  
Management Analyst  
DHHS/Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, ME 04333

[RFP.DHHS@maine.gov](mailto:RFP.DHHS@maine.gov)

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Commissioner



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Augusta, Maine 04333-0011  
Tel.: (207) 287-3707; Fax: (207) 287-5031  
TTY: Dial 711 (Maine Relay)

12/2/2020

Via Electronic Mail: [MartynMason@zudy.com](mailto:MartynMason@zudy.com)

Vinyl Development LLC DBA Zudy Software.  
Martyn Mason, CEO  
1560 Lenox Ave., Suite 203  
Miami Beach, FL 33139

SUBJECT: Notice of Conditional Contract Award under RFP #202009134, Service Locator Tool

Dear Mr. Mason:

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Office of MaineCare Services. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to:

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Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:  
  
3C31413C9F12439...

Michelle S. Probert  
Director  
Office of MaineCare Services

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Maximus US Services, Inc.

**DATE:** November 10, 2020

\*\*\*\*\*

**DEPARTMENT NAME:** Health and Human Services

**NAME OF RFP COORDINATOR:** Tom Charette

**NAMES OF EVALUATORS:** Karen Curtis, Richard Henning, David Jorgenson, Joan Klayman, Lisa Letourneau

\*\*\*\*\*

**SUMMARY PAGE**

| <u>Pass/Fail Criteria</u>   |                            |              |
|---|----------------------------|--------------|
|   | <u>Pass:</u>               | <u>Fail:</u> |
| • N/A   |                            |              |
|   |                            |              |
|   | <u>Points<br/>Awarded:</u> |              |
| <b><u>Numerical Score:</u></b>  |                            |              |
|   |                            |              |
| Section II. Organization Qualifications and Experience (Max: 25 Points) | <b>18.00</b>               |              |
|   |                            |              |
| Section III: Proposed Services (Max: 40 Points)                         | <b>28.00</b>               |              |
|   |                            |              |
| Section IV. Cost Proposal (Max: 35 Points)                              | <b>2.43</b>                |              |
|   |                            |              |
|   |                            |              |
|   |                            |              |
| <b>TOTAL POINTS</b> (Max: 100 Points)                                   | <b>48.43</b>               |              |
|   |                            |              |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Maximus US Services, Inc.

**DATE:** November 10, 2020

\*\*\*\*\*

**EVALUATION OF SECTION II  
Organization Qualifications and Experience**

**Total Points Available: 25**

**Score: 18.00**

\*\*\*\*\*

**Evaluation Team Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience  |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• Experience with the Department since 2018. During this time, the Department has positive experience working with the Bidder.</li><li>• Project example demonstrates experience creating a Registered Nurse service locator.</li></ul> |
| 2. Subcontractors   |
| <ul style="list-style-type: none"><li>• Proposing to subcontract with Consumers for Affordable Health Care for outreach and education directed to consumers.</li></ul>  |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"><li>• Provided.</li></ul>   |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>• Provided.</li></ul>   |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• Appear finically viable.</li></ul>  |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"><li>• Provided.</li></ul>   |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Maximus US Services, Inc.

**DATE:** November 10, 2020

\*\*\*\*\*

**EVALUATION OF SECTION III  
Proposed Services**

**Total Points Available: 40**

**Score: 28.00**

\*\*\*\*\*

**Evaluation Team Comments:**

|   |
|---|
| Part IV. Section III. Proposed Services   |
| 1. Services to be Provided  |
| A. Service Locator Tool Functionality   |
| <ul style="list-style-type: none"><li>• Indicated several add-on features that could be integrated into the system.</li><li>• Proposing to incorporate Tobacco, Alcohol and Prescription and Other Substance standard (TAPS) as part of the decision support tool. The Team is concerned some of the language used in TAPS could be a deterrent to the support decision tool being used by end-users.</li></ul> |
| B. Data Collection  |
| <ul style="list-style-type: none"><li>• Met minimum requirements.</li></ul>   |
| C. Technical Requirements   |
| <ul style="list-style-type: none"><li>• Provided limited detail for how the technical requirements would be met.</li><li>• Familiarity with state Medicaid and other state data sources.</li></ul>  |
| D. Customer Service Capacity  |
| <ul style="list-style-type: none"><li>• Proposing to utilize annual focus groups with consumers and providers.</li><li>• Indicated the use of an internal center for health literacy.</li><li>• Approach and use of subcontractor is not clearly outlined for the technical expertise and connection to SUD/OD providers.</li></ul>   |
| E. Reports  |
| <ul style="list-style-type: none"><li>• Met minimum requirements.</li></ul>   |
| 2. Staffing   |
| <ul style="list-style-type: none"><li>• Met the minimum requirements.</li></ul>   |
| 3. Implementation Work Plan   |
| <ul style="list-style-type: none"><li>• Implementation to be done within first 4 months.</li></ul>  |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Maximus US Services, Inc.

**DATE:** November 10, 2020

\*\*\*\*\*

**EVALUATION OF SECTION IV  
Cost Proposal  
Price: Comparison with Lowest Bid**

**Total Points Available: 35**

**Score: 2.43**

\*\*\*\*\*

| Lowest submitted Cost Proposal | ÷ | Cost Proposal being scored | x | Score Weight | = | Score |
|--------------------------------|---|----------------------------|---|--------------|---|-------|
| \$384,800.00                   | ÷ | \$5,538,610.16             | x | 35 points    | = | 2.43  |



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** OpenBeds, An Appriss Health Company

**DATE:** November 10, 2020

\*\*\*\*\*

**DEPARTMENT NAME:** Health and Human Services

**NAME OF RFP COORDINATOR:** Tom Charette

**NAMES OF EVALUATORS:** Karen Curtis, Richard Henning, David Jorgenson, Joan Klayman, Lisa Letourneau

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**SUMMARY PAGE**

| <u>Pass/Fail Criteria</u>   |                        |              |
|---|------------------------|--------------|
|   | <u>Pass:</u>           | <u>Fail:</u> |
| • N/A   |                        |              |
|   |                        |              |
|   | <u>Points Awarded:</u> |              |
| <b><u>Numerical Score:</u></b>  |                        |              |
|   |                        |              |
| Section II. Organization Qualifications and Experience (Max: 25 Points) | <b>23.00</b>           |              |
|   |                        |              |
| Section III: Proposed Services (Max: 40 Points)                         | <b>39.00</b>           |              |
|   |                        |              |
| Section IV. Cost Proposal (Max: 35 Points)                              | <b>13.36</b>           |              |
|   |                        |              |
|   |                        |              |
|   |                        |              |
| <b>TOTAL POINTS</b> (Max: 100 Points)                                   | <b>75.36</b>           |              |
|   |                        |              |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** OpenBeds, An Appriss Health Company

**DATE:** November 10, 2020

\*\*\*\*\*

**EVALUATION OF SECTION II  
Organization Qualifications and Experience**

**Total Points Available: 25**

**Score: 23.00**

\*\*\*\*\*

**Evaluation Team Comments:**

|  |
|--|
| Part IV. Section II. Organizational Qualification and Experience   |
| 1. Overview of the Organization  |
| <ul style="list-style-type: none"><li>• Experience connecting consumers and providers with various treatment options in eight states.</li><li>• Project examples were highly relevant to the requested services.</li><li>• Demonstrated an understanding of the Maine OUD/SUD community.</li></ul> |
| 2. Subcontractors  |
| <ul style="list-style-type: none"><li>• None proposed.</li></ul>   |
| 3. Organizational Chart  |
| <ul style="list-style-type: none"><li>• Provided.</li></ul>  |
| 4. Litigation  |
| <ul style="list-style-type: none"><li>• None.</li></ul>  |
| 5. Financial Viability   |
| <ul style="list-style-type: none"><li>• Appear financially viable.</li></ul>   |
| 6. Certificate of Insurance  |
| <ul style="list-style-type: none"><li>• Provided.</li></ul>  |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** OpenBeds, An Appriss Health Company

**DATE:** November 10, 2020

\*\*\*\*\*

**EVALUATION OF SECTION III  
Proposed Services**

**Total Points Available: 40**

**Score: 39.00**

\*\*\*\*\*

**Evaluation Team Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services  |
| 1. Services to be Provided   |
| A. Service Locator Tool Functionality  |
| <ul style="list-style-type: none"><li>Identified a plan for closed-loop referrals.</li><li>Plan in place to receive updates from providers related to provider availability.</li><li>Included a clear decision support tool for both patients and providers.</li><li>Well-designed public and provider search function.</li><li>Indicated payor function is available.</li></ul> |
| B. Data Collection   |
| <ul style="list-style-type: none"><li>Indicated automated data quality improvement is being developed.</li></ul>   |
| C. Technical Requirements  |
| <ul style="list-style-type: none"><li>Robust system infrastructure with the flexibility to meet future requirements.</li></ul>   |
| D. Customer Service Capacity   |
| <ul style="list-style-type: none"><li>Provides alternative to increase program visibility.</li><li>Provided a detailed customer service plan.</li></ul>  |
| E. Reports   |
| <ul style="list-style-type: none"><li>Proposing a real-time analytics dashboard in the provider-facing system.</li></ul>   |
| 2. Staffing  |
| <ul style="list-style-type: none"><li>Met minimum requirements.</li></ul>  |
| 3. Implementation Work Plan  |
| <ul style="list-style-type: none"><li>Indicated the need for development of the tool is minimal as the system is capable of achieving most required functionality.</li></ul>   |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** OpenBeds, An Appriss Health Company

**DATE:** November 10, 2020

\*\*\*\*\*

**EVALUATION OF SECTION IV  
Cost Proposal  
Price: Comparison with Lowest Bid**

**Total Points Available: 35**

**Score: 13.36**

\*\*\*\*\*

| Lowest submitted Cost Proposal | ÷ | Cost Proposal being scored | x | Score Weight | = | Score |
|--------------------------------|---|----------------------------|---|--------------|---|-------|
| \$384,800.00                   | ÷ | \$1,007,807.78             | x | 35 points    | = | 13.36 |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Portland Webworks, Inc.

**DATE:** November 10, 2020

\*\*\*\*\*

**DEPARTMENT NAME:** Health and Human Services

**NAME OF RFP COORDINATOR:** Tom Charette

**NAMES OF EVALUATORS:** Karen Curtis, Richard Henning, David Jorgenson, Joan Klayman, Lisa Letourneau

\*\*\*\*\*

**SUMMARY PAGE**

| <u>Pass/Fail Criteria</u>   |                            |              |
|---|----------------------------|--------------|
|   | <u>Pass:</u>               | <u>Fail:</u> |
| • N/A   |                            |              |
|   |                            |              |
|   | <u>Points<br/>Awarded:</u> |              |
| <b><u>Numerical Score:</u></b>  |                            |              |
|   |                            |              |
| Section II. Organization Qualifications and Experience (Max: 25 Points) | <b>10.00</b>               |              |
|   |                            |              |
| Section III: Proposed Services (Max: 40 Points)                         | <b>10.00</b>               |              |
|   |                            |              |
| Section IV. Cost Proposal (Max: 35 Points)                              | <b>35.00</b>               |              |
|   |                            |              |
|   |                            |              |
|   |                            |              |
| <b>TOTAL POINTS</b> (Max: 100 Points)                                   | <b>55.00</b>               |              |
|   |                            |              |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Portland Webworks, Inc.

**DATE:** November 10, 2020

\*\*\*\*\*

**EVALUATION OF SECTION II  
Organization Qualifications and Experience**

**Total Points Available: 25**

**Score: 10.00**

\*\*\*\*\*

**Evaluation Team Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience  |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• Positive working relationship with the State, including the 2-1-1 website.</li><li>• Project examples do not demonstrate any experience providing similar services. Experience is centered around website design.</li><li>• Resource portal and application development experience.</li></ul> |
| 2. Subcontractors   |
| <ul style="list-style-type: none"><li>• None proposed.</li></ul>  |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"><li>• Met minimum requirements.</li></ul>   |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>• None.</li></ul>   |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• Financial Statements were not audited or reviewed by a CPA.</li></ul>   |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"><li>• Provided.</li></ul>   |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Portland Webworks, Inc.

**DATE:** November 10, 2020

\*\*\*\*\*

**EVALUATION OF SECTION III  
Proposed Services**

**Total Points Available: 40**

**Score: 10.00**

\*\*\*\*\*

**Evaluation Team Comments:** Response to Part II does not demonstrate an understanding of the functionality required for this project.

|   |
|---|
| Part IV. Section III. Proposed Services   |
| 1. Services to be Provided  |
| A. Service Locator Tool Functionality   |
| <ul style="list-style-type: none"><li>Decision support tool sample does not provide detail to ensure adequate evaluation.</li><li>Indicated assisting the Department with baseline content for implementation however this would be the responsibility of the Bidder.</li></ul> |
| B. Data Collection  |
| <ul style="list-style-type: none"><li>Does not include sufficient detail to describe the plan to interact with the provider community.</li></ul>  |
| C. Technical Requirements   |
| <ul style="list-style-type: none"><li>Limited details related to technical architecture and narrative.</li><li>Response to audit requirements only infers the Bidder's cloud service provider will comply with the audit requirements.</li></ul>                                |
| D. Customer Service Capacity  |
| <ul style="list-style-type: none"><li>Limited details, difficult to fully assess plan related to customer service/training.</li></ul>   |
| E. Reports  |
| <ul style="list-style-type: none"><li>Indicated Google Analytics would be a main source for reporting, demonstrating a lack of understanding of the requested services.</li></ul>   |
| 2. Staffing   |
| <ul style="list-style-type: none"><li>Proposing total staff time of less than 1.0 FTE, raising concerns this would not be a sufficient amount of staff time required to complete the project.</li></ul>   |
| 3. Implementation - Work Plan   |
| <ul style="list-style-type: none"><li>Limited details with an unrealistic timeline for implementation.</li></ul>  |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Portland Webworks, Inc.

**DATE:** November 10, 2020

\*\*\*\*\*

**EVALUATION OF SECTION IV  
Cost Proposal  
Price: Comparison with Lowest Bid**

**Total Points Available: 35**

**Score: 35.00**

\*\*\*\*\*

| <b>Lowest submitted Cost Proposal</b> | <b>÷</b> | <b>Cost Proposal being scored</b> | <b>x</b> | <b>Score Weight</b> | <b>=</b> | <b>Score</b> |
|---------------------------------------|----------|-----------------------------------|----------|---------------------|----------|--------------|
| <b>\$384,800.00</b>                   | <b>÷</b> | <b>\$384,800.00</b>               | <b>x</b> | <b>35 points</b>    | <b>=</b> | <b>35.00</b> |



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Prelude Systems, Inc

**DATE:** November 10, 2020

\*\*\*\*\*

**DEPARTMENT NAME:** Health and Human Services

**NAME OF RFP COORDINATOR:** Tom Charette

**NAMES OF EVALUATORS:** Karen Curtis, Richard Henning, David Jorgenson, Joan Klayman, Lisa Letourneau

\*\*\*\*\*

**SUMMARY PAGE**

The Bidder did not demonstrate any relevant experience, provide a narrative response to Part II, or provide details to allow the Evaluation Team to evaluate the proposed solution. Therefore, the Evaluation Team has determined to disqualify the proposal submitted by Prelude Systems, Inc.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Protech Solutions, Inc.

**DATE:** November 10, 2020

\*\*\*\*\*

**DEPARTMENT NAME:** Health and Human Services

**NAME OF RFP COORDINATOR:** Tom Charette

**NAMES OF EVALUATORS:** Karen Curtis, Richard Henning, David Jorgenson, Joan Klayman, Lisa Letourneau

\*\*\*\*\*

**SUMMARY PAGE**

| <u>Pass/Fail Criteria</u>   |                            |              |
|---|----------------------------|--------------|
|   | <u>Pass:</u>               | <u>Fail:</u> |
| • N/A   |                            |              |
|   |                            |              |
|   | <u>Points<br/>Awarded:</u> |              |
| <b><u>Numerical Score:</u></b>  |                            |              |
|   |                            |              |
| Section II. Organization Qualifications and Experience (Max: 25 Points) | <b>15.00</b>               |              |
|   |                            |              |
| Section III: Proposed Services (Max: 40 Points)                         | <b>28.00</b>               |              |
|   |                            |              |
| Section IV. Cost Proposal (Max: 35 Points)                              | <b>4.63</b>                |              |
|   |                            |              |
|   |                            |              |
|   |                            |              |
| <b>TOTAL POINTS</b> (Max: 100 Points)                                   | <b>47.63</b>               |              |
|   |                            |              |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Protech Solutions, Inc.

**DATE:** November 10, 2020

\*\*\*\*\*

**EVALUATION OF SECTION II  
Organization Qualifications and Experience**

**Total Points Available: 25**

**Score: 15.00**

\*\*\*\*\*

**Evaluation Team Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience  |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• Demonstrate experience working within the State and the Department. The State's experience has been positive.</li><li>• Experience creating a system to track social service needs, including substance use recovery treatment (Good Grid).</li></ul> |
| 2. Subcontractors   |
| <ul style="list-style-type: none"><li>• Proposing 4 subcontractors/consultants, including some with experience related to SUD/OD treatment.</li></ul>   |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"><li>• Provided.</li></ul>   |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>• Disclosed a list of litigation however did not include the amount.</li></ul>  |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• Appear financially viable.</li></ul>  |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"><li>• Provided.</li></ul>   |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Protech Solutions, Inc.

**DATE:** November 10, 2020

\*\*\*\*\*

**EVALUATION OF SECTION III  
Proposed Services**

**Total Points Available: 40**

**Score: 28.00**

\*\*\*\*\*

**Evaluation Team Comments:**

|   |
|---|
| Part IV. Section III. Proposed Services   |
| 1. Services to be Provided  |
| A. Service Locator Tool Functionality   |
| <ul style="list-style-type: none"><li>• Indicated a mobile app is currently being developed.</li><li>• No integration with State's Active Directory.</li><li>• Indicated anyone who intends to complete the decision support tool would need an account, which could be a barrier.</li><li>• Proposed tool will be built off the Bidder's existing system, Good Grid.</li><li>• Interesting reference to assessment tools for the decision support tool, unclear of plans for operationalizing these.</li></ul> |
| B. Data Collection  |
| <ul style="list-style-type: none"><li>• Data collection work will be a primary responsibility of a proposed subcontractor, ATX Advisory Services.</li><li>• Did not detail how data would be kept accurate and up to date.</li></ul>  |
| C. Technical Requirements   |
| <ul style="list-style-type: none"><li>• Propose 'expert advisors' to assist in design but does not indicate or name who that would be.</li><li>• Did not provide assurance of adhering to all technical requirements.</li></ul>   |
| D. Customer Service Capacity  |
| <ul style="list-style-type: none"><li>• Demonstrated engagement with the State provider community.</li></ul>  |
| E. Reports  |
| <ul style="list-style-type: none"><li>• Met minimum requirements.</li></ul>   |
| 2. Staffing   |
| <ul style="list-style-type: none"><li>• Consumer and Provider engagement staffing time is unclear.</li></ul>  |
| 3. Implementation Work Plan   |
| <ul style="list-style-type: none"><li>• Work plan and timeline include limited detail.</li><li>• Training in work plan does not line up with staffing plan.</li></ul>   |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Protech Solutions, Inc.

**DATE:** November 10, 2020

\*\*\*\*\*

**EVALUATION OF SECTION IV  
Cost Proposal  
Price: Comparison with Lowest Bid**

**Total Points Available: 35**

**Score: 4.63**

\*\*\*\*\*

| Lowest submitted Cost Proposal | ÷ | Cost Proposal being scored | x | Score Weight | = | Score |
|--------------------------------|---|----------------------------|---|--------------|---|-------|
| \$384,800.00                   | ÷ | \$2,907,945.80             | x | 35 points    | = | 4.63  |

**Evaluation Team Comments:**

- |   |
|---|
| <ul style="list-style-type: none"><li>Staffing plan and cost proposal do not match in terms of staff time assigned.</li></ul> |
|---|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Vinyl Development LLC DBA Zudy Software

**DATE:** November 10, 2020

\*\*\*\*\*

**DEPARTMENT NAME:** Health and Human Services

**NAME OF RFP COORDINATOR:** Tom Charette

**NAMES OF EVALUATORS:** Karen Curtis, Richard Henning, David Jorgenson, Joan Klayman, Lisa Letourneau

\*\*\*\*\*

**SUMMARY PAGE**

| <u>Pass/Fail Criteria</u>   |                            |              |
|---|----------------------------|--------------|
|   | <u>Pass:</u>               | <u>Fail:</u> |
| • N/A   |                            |              |
|   |                            |              |
|   | <u>Points<br/>Awarded:</u> |              |
| <b><u>Numerical Score:</u></b>  |                            |              |
|   |                            |              |
| Section II. Organization Qualifications and Experience (Max: 25 Points) | <b>12.00</b>               |              |
|   |                            |              |
| Section III: Proposed Services (Max: 40 Points)                         | <b>15.00</b>               |              |
|   |                            |              |
| Section IV. Cost Proposal (Max: 35 Points)                              | <b>10.53</b>               |              |
|   |                            |              |
|   |                            |              |
|   |                            |              |
| <b>TOTAL POINTS</b> (Max: 100 Points)                                   | <b>37.53</b>               |              |
|   |                            |              |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Vinyl Development LLC DBA Zudy Software

**DATE:** November 10, 2020

\*\*\*\*\*

**EVALUATION OF SECTION II  
Organization Qualifications and Experience**

**Total Points Available: 25**

**Score: 12.00**

\*\*\*\*\*

**Evaluation Team Comments:**

|  |
|--|
| Part IV. Section II. Organizational Qualification and Experience   |
| 1. Overview of the Organization  |
| <ul style="list-style-type: none"><li>• Did not demonstrate relevant experience.</li><li>• Experience was related to developing reporting platforms.</li></ul>               |
| 2. Subcontractors  |
| <ul style="list-style-type: none"><li>• Proposing a subcontractor, Tim Sullivan, to oversee the development as a subject matter expert.</li></ul>                            |
| 3. Organizational Chart  |
| <ul style="list-style-type: none"><li>• Lacked detail.</li></ul>   |
| 4. Litigation  |
| <ul style="list-style-type: none"><li>• Indicated no recent litigation but did not acknowledge if there had been any litigation in the past 5 years.</li></ul>               |
| 5. Financial Viability   |
| <ul style="list-style-type: none"><li>• Financial Statements are not audited or reviewed.</li><li>• Appears to have had a negative cash flow for the past 2 years.</li></ul> |
| 6. Certificate of Insurance  |
| <ul style="list-style-type: none"><li>• Provided equivalent documentation of insurance.</li></ul>  |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Vinyl Development LLC DBA Zudy Software

**DATE:** November 10, 2020

\*\*\*\*\*

**EVALUATION OF SECTION III  
Proposed Services**

**Total Points Available: 40**

**Score: 15.00**

\*\*\*\*\*

**Evaluation Team Comments:** Provided limited details related to the resources, methods or strategies to be utilized during service delivery.

|  |
|--|
| Part IV. Section III. Proposed Services  |
| 1. Services to be Provided   |
| A. Service Locator Tool Functionality  |
| <ul style="list-style-type: none"><li>• Indicated 'recovery connector credits' however, it is unclear what this means.</li><li>• Indicated there would be free training for up to 10 seats per month. It is unclear what this would entail.</li><li>• Indicated providing the Department with a development platform to add future functionality. It is unclear who would be responsible for future development; the Department or the Bidder.</li></ul> |
| B. Data Collection   |
| <ul style="list-style-type: none"><li>• Limited detail.</li></ul>  |
| C. Technical Requirements  |
| <ul style="list-style-type: none"><li>• No reference to 42 CFR Part 2 compliance.</li><li>• Did not demonstrate an understanding of the technical requirements and OIT requirements.</li></ul>   |
| D. Customer Service Capacity   |
| <ul style="list-style-type: none"><li>• Limited detail.</li></ul>  |
| E. Reports   |
| <ul style="list-style-type: none"><li>• Indicated robust reporting capabilities and dashboard functionality but did not address specific reports required in the RFP.</li></ul>  |
| 2. Staffing  |
| <ul style="list-style-type: none"><li>• Staffing plan only covers a 6-month period.</li><li>• Identified time needs from the Department, which is unrealistic.</li></ul>   |
| 3. Implementation Work Plan  |
| <ul style="list-style-type: none"><li>• Go-live appears to be by May, not April 1 as required.</li></ul>   |



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** Service Locator Tool

**BIDDER:** Vinyl Development LLC DBA Zudy Software

**DATE:** November 10, 2020

\*\*\*\*\*

**EVALUATION OF SECTION IV  
Cost Proposal  
Price: Comparison with Lowest Bid**

**Total Points Available: 35**

**Score: 10.53**

\*\*\*\*\*

| Lowest submitted Cost Proposal | ÷ | Cost Proposal being scored | x | Score Weight | = | Score |
|--------------------------------|---|----------------------------|---|--------------|---|-------|
| \$384,800.00                   | ÷ | \$1,278,845.00             | x | 35 points    | = | 10.53 |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Maximus

**DATE:** 11/05/2020

**EVALUATOR NAME:** Karen Curtis

**EVALUATOR DEPARTMENT:** DAFS/OIT

\*\*\*\*\*

**Instructions:** *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )                       |
|   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• State experience</li><li>• RN project similar in nature</li></ul> |
| 2. Subcontractors   |
| <ul style="list-style-type: none"><li>• P – Experience in providing access to healthcare</li></ul>        |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"><li>• Included and complete</li></ul>                                   |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>• Provided</li></ul>  |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• Documentation provided</li></ul>                                  |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"><li>• Provided</li></ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Maximus

**DATE:** 11/05/2020

**EVALUATOR NAME:** Karen Curtis

**EVALUATOR DEPARTMENT:** DAFS/OIT

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)  |
| 1. Services to be Provided - Part II (Limited to 20 pages)   |
|  |
| A. Service Locator Tool Functionality  |
| <ul style="list-style-type: none"><li>• I – offered potential enhancements – social media outreach</li><li>•</li></ul> |
| B. Data Collection   |
| <ul style="list-style-type: none"><li>• State they can meet the requirements</li></ul>                                 |
| C. Technical Requirements  |
| <ul style="list-style-type: none"><li>• State they can meet the requirements</li></ul>                                 |
| D. Customer Service Capacity   |
| <ul style="list-style-type: none"><li>• State they can meet the requirements</li></ul>                                 |
| E. Reports   |
| <ul style="list-style-type: none"><li>• State they can meet the requirements</li></ul>                                 |
| 2. Staffing  |
| <ul style="list-style-type: none"><li>• Only management level – what about developers and testers</li></ul>            |
| 3. Implementation Work Plan  |
| <ul style="list-style-type: none"><li>• Provided</li></ul>   |
|  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Maximus

**DATE:** 11/7/2020

**EVALUATOR NAME:** Rick Henning

**EVALUATOR DEPARTMENT:** DHHS/DCM

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )  |
|  |
| 1. Overview of the Organization  |
| <ul style="list-style-type: none"><li>• Experience with DHHS/MaineCare/CDC</li><li>• Acknowledged SLT short- and long-term goals in RFP</li><li>• Noted its experience implementing online physician directories</li><li>• Three project descriptions address many of RFP requirements</li></ul> |
| 2. Subcontractors  |
| <ul style="list-style-type: none"><li>• "Proposes" CAHC</li></ul>  |
| 3. Organizational Chart  |
| <ul style="list-style-type: none"><li>• Yes and included CAHC interface</li></ul>  |
| 4. Litigation  |
| <ul style="list-style-type: none"><li>• Three, all employee-related</li></ul>  |
| 5. Financial Viability   |
| <ul style="list-style-type: none"><li>• Provided audited financials and SEC filing</li></ul>   |
| 6. Certificate of Insurance  |
| <ul style="list-style-type: none"><li>• Yes, Maine named as certificate holder</li><li>• E&amp;O and Cyber coverage noted</li></ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Maximus

**DATE:** 11/7/2020

**EVALUATOR NAME:** Rick Henning

**EVALUATOR DEPARTMENT:** DHHS/DCM

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)  |
| 1. Services to be Provided - Part II (Limited to 20 pages)   |
|  |
| A. Service Locator Tool Functionality  |
| <ul style="list-style-type: none"><li>• Proposal narrative more of what rather than how</li><li>• Doesn't address each of the requirements</li></ul> |
| B. Data Collection   |
| <ul style="list-style-type: none"><li>• CAHC's local knowledge figures significantly here</li></ul>  |
| C. Technical Requirements  |
| <ul style="list-style-type: none"><li>• Service level supports program's short- and long-term goals</li></ul>  |
| D. Customer Service Capacity   |
| <ul style="list-style-type: none"><li>• Offers focus group testing for project assessment</li></ul>  |
| E. Reports   |
| <ul style="list-style-type: none"><li>• Over achieved</li></ul>  |
| 2. Staffing  |
| <ul style="list-style-type: none"><li>• Resumes (individual and pro forma) detailed and support program offerings</li></ul>                          |
| 3. Implementation Work Plan  |
| <ul style="list-style-type: none"><li>• Plan for 4-month implementation noted</li></ul>  |
|  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Maximus

**DATE:** 11/10/20

**EVALUATOR NAME:** David Jorgenson

**EVALUATOR DEPARTMENT:** DHHS OMS

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> ) |
|   |
| 1. Overview of the Organization   |
| • OK  |
| 2. Subcontractors   |
| • Consumers for Affordable Health Care.   |
| 3. Organizational Chart   |
| • Provided  |
| 4. Litigation   |
| •   |
| 5. Financial Viability  |
| •   |
| 6. Certificate of Insurance   |
| •   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Maximus

**DATE:** 11/10/20

**EVALUATOR NAME:** David Jorgenson

**EVALUATOR DEPARTMENT:** DHHS OMS

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)  |
| 1. Services to be Provided - Part II (Limited to 20 pages)   |
|  |
| A. Service Locator Tool Functionality  |
| <ul style="list-style-type: none"><li>• Future add on capabilities discussed</li></ul>   |
| B. Data Collection   |
| <ul style="list-style-type: none"><li>• Met requirements</li><li>• Capacity for future data integration</li></ul>                                      |
| C. Technical Requirements  |
| <ul style="list-style-type: none"><li>• Met requirements</li><li>• Experience working with state OIT</li></ul>   |
| D. Customer Service Capacity   |
| <ul style="list-style-type: none"><li>• Met requirements</li></ul>   |
| E. Reports   |
| <ul style="list-style-type: none"><li>• Met requirements</li><li>• Allows for ad hoc reporting, along with our requested pre-defined reports</li></ul> |
| 2. Staffing  |
| <ul style="list-style-type: none"><li>• Met requirements</li></ul>   |
| 3. Implementation Work Plan  |
| <ul style="list-style-type: none"><li>• Met requirements</li></ul>   |
|  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Maximus US Services, Inc.

**DATE:** 11/08/2020

**EVALUATOR NAME:** Joanie Klayman

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )  |
|  |
| 1. Overview of the Organization  |
| <ul style="list-style-type: none"><li>• Experience with State since 2018</li><li>• Experience in provider directories and working with providers</li></ul> |
| 2. Subcontractors  |
| <ul style="list-style-type: none"><li>• Intent to use a Maine subcontractor</li></ul>  |
| 3. Organizational Chart  |
| <ul style="list-style-type: none"><li>• Organizational chart provided</li></ul>  |
| 4. Litigation  |
| <ul style="list-style-type: none"><li>• 3 lawsuits, one of which is closed.</li></ul>  |
| 5. Financial Viability   |
| <ul style="list-style-type: none"><li>• 3 years provided</li></ul>   |
| 6. Certificate of Insurance  |
| <ul style="list-style-type: none"><li>• Certificate included</li></ul>   |



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Maximus US Services, Inc.

**DATE:** 11/08/2020

**EVALUATOR NAME:** Joanie Klayman

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section III. Proposed Services (File #3)   |
| 1. Services to be Provided - Part II (Limited to 20 pages)  |
|   |
| A. Service Locator Tool Functionality   |
| <ul style="list-style-type: none"><li>• Timeline for deployment noted</li><li>• Smartphone/tablet responsive</li><li>• Access &amp; Capabilities identified</li><li>• Future Functionality capacity noted</li><li>• Sample provided as attachment</li></ul> |
| B. Data Collection  |
| <ul style="list-style-type: none"><li>• Data Collection Requirements addressed</li></ul>  |
| C. Technical Requirements   |
| <ul style="list-style-type: none"><li>• Technical Requirements addressed</li></ul>  |
| D. Customer Service Capacity  |
| <ul style="list-style-type: none"><li>• Training and engagement plan described</li></ul>  |
| E. Reports  |
| <ul style="list-style-type: none"><li>• Reporting capability and requirements described</li></ul>   |
| 2. Staffing   |
| <ul style="list-style-type: none"><li>• Maine-based staffing team with access to additional resources/teams detailed</li></ul>  |
| 3. Implementation Work Plan   |
| <ul style="list-style-type: none"><li>• Project management, implementation, communication, risk management approach described</li></ul>   |
|   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Maximus

**DATE:** 11/10/2020

**EVALUATOR NAME:** Lisa M. Letourneau MD, MPH

**EVALUATOR DEPARTMENT:** ME DHHS – Commissioner's Office

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )  |
|  |
| 1. Overview of the Organization  |
| <ul style="list-style-type: none"><li>• P – Solid organizational structure and experience with implementing &amp; managing large projects</li><li>• Q – not clear that the examples they share are directly similar to the Service Locator tool we're envisioning</li></ul>  |
| 2. Subcontractors  |
| <ul style="list-style-type: none"><li>• I – interesting that they're proposing to subcontract w/ CAHC</li><li>• Q - while CAHC has good relationships with consumers in the state generally, they have typically been more involved with advocating generally for health care coverage and have not been in the SUD "space"; also, they aren't generally known for having particular relationships with or knowledge of the provider community</li></ul> |
| 3. Organizational Chart  |
| <ul style="list-style-type: none"><li>• Provided, adequate</li></ul>   |
| 4. Litigation  |
| <ul style="list-style-type: none"><li>• Provided (2 current cases, 1 closed); no concerns</li></ul>  |
| 5. Financial Viability   |
| <ul style="list-style-type: none"><li>• 3yrs financial statements provided; no concerns</li></ul>  |
| 6. Certificate of Insurance  |
| <ul style="list-style-type: none"><li>• Provided</li></ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Maximus

**DATE:** 11/10/2020

**EVALUATOR NAME:** Lisa M. Letourneau MD, MPH

**EVALUATOR DEPARTMENT:** ME DHHS – Commissioner’s Office

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)  |
| 1. Services to be Provided - Part II (Limited to 20 pages)   |
|  |
| A. Service Locator Tool Functionality  |
| <ul style="list-style-type: none"><li>• P – proposed functionality is well described</li><li>• I – interesting use of including decision support tool that incorporated ASAM criteria &amp; “TAPS” screening tools</li></ul> |
| B. Data Collection   |
| <ul style="list-style-type: none"><li>• P – data collection plan is well described</li></ul>   |
| C. Technical Requirements  |
| <ul style="list-style-type: none"><li>• P – have previous experience with accessing state Medicaid &amp; other data sources</li></ul>  |
| D. Customer Service Capacity   |
| <ul style="list-style-type: none"><li>• I – interesting use of CAHC for this</li><li>• Q – not clear that CAHC has technical expertise or knowledge re: SUD, and/or relationships with provider community</li></ul>          |
| E. Reports   |
| <ul style="list-style-type: none"><li>• P – plan for reporting well described</li></ul>  |
| 2. Staffing  |
| <ul style="list-style-type: none"><li>• Q – many staff appear to be “TBD”</li></ul>  |
| 3. Implementation Work Plan  |
| <ul style="list-style-type: none"><li>• P – adequately outlined</li></ul>  |
|  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** OpenBeds

**DATE:** 11/06/2020

**EVALUATOR NAME:** Karen Curtis

**EVALUATOR DEPARTMENT:** DAFS/OIT

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> ) |
|   |
| 1. Overview of the Organization   |
| • Provided  |
| 2. Subcontractors   |
| • None  |
| 3. Organizational Chart   |
| • Job descriptions in section III   |
| 4. Litigation   |
| • None  |
| 5. Financial Viability  |
| • Financial docs provided   |
| 6. Certificate of Insurance   |
| • Provided  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** OpenBeds

**DATE:** 11/06/2020

**EVALUATOR NAME:** Karen Curtis

**EVALUATOR DEPARTMENT:** DAFS/OIT

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)  |
| 1. Services to be Provided - Part II (Limited to 20 pages)   |
|  |
| A. Service Locator Tool Functionality  |
| <ul style="list-style-type: none"><li>• P – Already includes payor functionality</li><li>• Gave many examples of how Public and Provider interface differ</li><li>• Provided supporting information in their answers</li></ul> |
| B. Data Collection   |
| <ul style="list-style-type: none"><li>• I – Improving quality of data through automation, coming in 2021</li></ul>   |
| C. Technical Requirements  |
| <ul style="list-style-type: none"><li>• Provided</li></ul>   |
| D. Customer Service Capacity   |
| <ul style="list-style-type: none"><li>• Provided</li></ul>   |
| E. Reports   |
| <ul style="list-style-type: none"><li>• Provided</li></ul>   |
| 2. Staffing  |
| <ul style="list-style-type: none"><li>• Provided – no testers</li></ul>  |
| 3. Implementation Work Plan  |
| <ul style="list-style-type: none"><li>• Provided</li></ul>   |
|  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** OpenBeds

**DATE:** 11/8/2020

**EVALUATOR NAME:** Rick Henning

**EVALUATOR DEPARTMENT:** DHHS/DCM

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )   |
|   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• Proprietary solution specific to SUD and mental health referrals</li><li>• Parent (Appriss Health) core competency addresses SUD</li><li>• Details plan to interface with behavioral health groups in Maine</li><li>• Touts partnerships with national behavioral health stakeholders</li><li>• Notes ability in capacity management</li><li>• Offered three relative and supportive project examples</li></ul> |
| 2. Subcontractors   |
| <ul style="list-style-type: none"><li>• No subcontractors noted</li></ul>   |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"><li>• Information provided does not indicate positions assigned specifically to project</li></ul>   |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>• None</li></ul>  |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• Financials of holding company provided</li></ul>  |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"><li>• Provided</li><li>• E&amp;O and Cyber coverage noted</li></ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**BIDDER NAME:** OpenBeds

**DATE:** 11/8/2020

**EVALUATOR NAME:** Rick Henning

**EVALUATOR DEPARTMENT:** DHHS/DCM

\*\*\*\*\*

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)  |
| 1. Services to be Provided - Part II (Limited to 20 pages)   |
|  |
| <b>A. Service Locator Tool Functionality</b>   |
| <ul style="list-style-type: none"><li>• Touts “off the shelf” tools</li><li>• Partners with Beacon Health Options for “local presence”</li><li>• Sensitive to disruption to stakeholders in project implementation</li><li>• Proposal presentation followed sequence of requirements of RFP. Suggesting willingness to meet state’s unique needs, not, simply, provide a cookie cutter approach</li><li>• Well organized approach to presenting capabilities</li></ul> |
| <b>B. Data Collection</b>  |
| <ul style="list-style-type: none"><li>• Requirements addressed, reflecting a good understanding of state data needs and associated program application</li></ul>   |
| <b>C. Technical Requirements</b>   |
| <ul style="list-style-type: none"><li>• Technical offerings meet RFP requirements and are well described</li><li>• Technical Requirements addressed; required technical attachments included</li></ul>   |
| <b>D. Customer Service Capacity</b>  |
| <ul style="list-style-type: none"><li>• Offers alternatives to increase program visibility</li></ul>   |
| <b>E. Reports</b>  |
| <ul style="list-style-type: none"><li>• Capability to deliver required reports as well as ad hoc</li></ul>   |
| 2. Staffing  |
| <ul style="list-style-type: none"><li>• By-name individuals and position descriptions</li></ul>  |
| 3. Implementation Work Plan  |
| <ul style="list-style-type: none"><li>• Plan reflects four-month start requirement</li></ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Open Beds

**DATE:** 11/15/2020

**EVALUATOR NAME:** David Jorgenson

**EVALUATOR DEPARTMENT:** DHHS / OMS

\*\*\*\*\*

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**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )  |
|  |
| 1. Overview of the Organization  |
| <ul style="list-style-type: none"><li>• Extensive experience working in the SUD services field, and creating similar tools.</li><li>• Appriss previously contracted with State on prescription drug monitoring</li></ul> |
| 2. Subcontractors  |
| <ul style="list-style-type: none"><li>• None</li></ul>   |
| 3. Organizational Chart  |
| <ul style="list-style-type: none"><li>• Provided</li></ul>   |
| 4. Litigation  |
| <ul style="list-style-type: none"><li>• None</li></ul>   |
| 5. Financial Viability   |
| <ul style="list-style-type: none"><li>•</li></ul>  |
| 6. Certificate of Insurance  |
| <ul style="list-style-type: none"><li>•</li></ul>  |



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Open Beds

**DATE:** 11/15/2020

**EVALUATOR NAME:** David Jorgenson

**EVALUATOR DEPARTMENT:** DHHS / OMS

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)  |
| 1. Services to be Provided - Part II (Limited to 20 pages)   |
|  |
| A. Service Locator Tool Functionality  |
| <ul style="list-style-type: none"><li>• Extensive functionality already available in existing tool</li><li>• Demonstrated deep understanding of requirements and the relevant services</li><li>• Capacity to add future requirements</li></ul> |
| B. Data Collection   |
| <ul style="list-style-type: none"><li>• Meets requirements</li><li>• Capacity to integrate future data sources</li></ul>   |
| C. Technical Requirements  |
| <ul style="list-style-type: none"><li>• Meets requirements</li><li>• Robust documentation of technical details</li></ul>   |
| D. Customer Service Capacity   |
| <ul style="list-style-type: none"><li>• Meets requirements</li></ul>   |
| E. Reports   |
| <ul style="list-style-type: none"><li>• Meets requirements</li></ul>   |
| 2. Staffing  |
| <ul style="list-style-type: none"><li>• Meets requirements</li></ul>   |
| 3. Implementation Work Plan  |
| <ul style="list-style-type: none"><li>• Meets requirements</li><li>• Development timeline is able to be slimmed down due to existing tool functionality lining up with requirements.</li></ul>   |
|  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** OpenBeds

**DATE:** 11/08/2020

**EVALUATOR NAME:** Joanie Klayman

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

**Instructions:** *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )   |
|   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• Experience digitally connecting providers and consumers to SUD and mental health treatment, and social services in 8 States.</li><li>• No experience in Maine</li></ul> |
| 2. Subcontractors   |
| <ul style="list-style-type: none"><li>• No subcontractors</li></ul>   |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"><li>• Information Provided</li></ul>  |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>• None</li></ul>  |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• 3 Years provided</li></ul>  |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"><li>• Certificate included</li></ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** OpenBeds

**DATE:** 11/08/2020

**EVALUATOR NAME:** Joanie Klayman

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section III. Proposed Services (File #3)   |
| 1. Services to be Provided - Part II (Limited to 20 pages)  |
|   |
| A. Service Locator Tool Functionality   |
| <ul style="list-style-type: none"><li>• Tool functionality and capabilities described</li><li>• Future functionality addressed</li><li>• Consumer and provider views detailed</li><li>• Samples provided as attachments</li></ul> |
| B. Data Collection  |
| <ul style="list-style-type: none"><li>• Data collection requirements addressed</li></ul>  |
| C. Technical Requirements   |
| <ul style="list-style-type: none"><li>• Technical Requirements addressed; required technical attachments included</li></ul>   |
| D. Customer Service Capacity  |
| <ul style="list-style-type: none"><li>• Training and ongoing engagement strategies described</li></ul>  |
| E. Reports  |
| <ul style="list-style-type: none"><li>• Reporting requirements addressed</li></ul>  |
| 2. Staffing   |
| <ul style="list-style-type: none"><li>• On site Maine work will need to be determined</li></ul>   |
| 3. Implementation Work Plan   |
| <ul style="list-style-type: none"><li>• Project testing and implementation plan described</li></ul>   |
|   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Open Beds

**DATE:** 11/10/2020

**EVALUATOR NAME:** Lisa M. Letourneau MD, MPH

**EVALUATOR DEPARTMENT:** ME DHHS – Commissioner's Office

\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section III. Proposed Services (File #3)   |
| 1. Services to be Provided - Part II (Limited to 20 pages)  |
|   |
| A. Service Locator Tool Functionality   |
| <ul style="list-style-type: none"><li>• P – Clearly outlined proposed functionality of Svc Locator tool</li><li>• P – Includes plan for 'closed loop' referral – important and desirable feature of tool</li><li>• P – Includes plan for getting regular updates of provider availability for all levels of care</li><li>• I – Includes use of ASAM criteria through partnership with Shatterproof to create "Addiction Treatment Needs Assessment" (ATNA) tool</li><li>• P – Includes decision support tools for both providers &amp; patients</li><li>• P – Clearly identifies plans for separate provider &amp; public facing interfaces &amp; well-defined search function for both</li></ul> |
| B. Data Collection  |
| <ul style="list-style-type: none"><li>• P – Outlines solid plan for working directly w/ provider community to collect updated information on treatment availability, including self-updates of data</li></ul>   |
| C. Technical Requirements   |
| <ul style="list-style-type: none"><li>• P – Good outline of plan for meeting technical requirements, including Architectural Diagrams</li></ul>   |
| D. Customer Service Capacity  |
| <ul style="list-style-type: none"><li>• P – plan well outlined</li></ul>  |
| E. Reports  |
| <ul style="list-style-type: none"><li>• P – Reporting plan well outlined</li></ul>  |
| 2. Staffing   |
| <ul style="list-style-type: none"><li>• P – Staffing plan well outlined</li><li>• Q – Not clear if using existing or new staff</li></ul>  |
| 3. Implementation Work Plan   |
| <ul style="list-style-type: none"><li>• P – workplan well outlined</li></ul>  |
|   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Portland Web Works

**DATE:** 11/09/2020

**EVALUATOR NAME:** Karen Curtis

**EVALUATOR DEPARTMENT:** DAFS/OIT

\*\*\*\*\*

**Instructions:** *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> ) |
|   |
| 1. Overview of the Organization   |
| • Provided  |
| 2. Subcontractors   |
| • None  |
| 3. Organizational Chart   |
| • Provided  |
| 4. Litigation   |
| • None  |
| 5. Financial Viability  |
| • Provided  |
| 6. Certificate of Insurance   |
| • Provided  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Portland Web Works

**DATE:** 11/09/2020

**EVALUATOR NAME:** Karen Curtis

**EVALUATOR DEPARTMENT:** DAFS/OIT

\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section III. Proposed Services (File #3)   |
| 1. Services to be Provided - Part II (Limited to 20 pages)  |
|   |
| A. Service Locator Tool Functionality   |
| <ul style="list-style-type: none"><li>• State that they can provide the current requirements within the timeframe</li><li>• A.1.f will utilize ASAM tool. No indication that they have experience with this tool.</li><li>•</li></ul> |
| B. Data Collection  |
| <ul style="list-style-type: none"><li>• Information provided</li></ul>  |
| C. Technical Requirements   |
| <ul style="list-style-type: none"><li>• C.1 "in the short term, baseline implementation will not support individualized citizen user accounts with personal information"</li></ul>  |
| D. Customer Service Capacity  |
| <ul style="list-style-type: none"><li>• Requirements covered</li></ul>  |
| E. Reports  |
| <ul style="list-style-type: none"><li>• Requirements covered</li></ul>  |
| 2. Staffing   |
| <ul style="list-style-type: none"><li>• Provided</li></ul>  |
| 3. Implementation Work Plan   |
| <ul style="list-style-type: none"><li>• Provided</li></ul>  |
|   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Portland Webworks

**DATE:** 11/9/2020

**EVALUATOR NAME:** Rick Henning

**EVALUATOR DEPARTMENT:** DHHS/DCM

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )   |
|   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• Presents a range of capabilities supporting a mix of service sectors that suggests flexibility ability to offer a wider solution mix</li><li>• Maine-based</li><li>• Three project examples with variety of relevant experience</li></ul> |
| 2. Subcontractors   |
| <ul style="list-style-type: none"><li>• None noted</li></ul>  |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"><li>• Organizational chart incomplete but project specific is detailed</li><li>• Total project-dedicated hours indicated as less than one FTE</li></ul>   |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>• None</li></ul>  |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• Simple presentation of P&amp;L or balance sheet without endorsement by CPA</li></ul>  |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"><li>• Provided</li><li>• Cyber-yes; professional liability rather than E&amp;O</li><li>• State named as certificate holder</li></ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Portland Webworks

**DATE:** 11/9/2020

**EVALUATOR NAME:** Rick Henning

**EVALUATOR DEPARTMENT:** DHHS/DCM

\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section III. Proposed Services (File #3)   |
| 1. Services to be Provided - Part II (Limited to 20 pages)  |
|   |
| A. Service Locator Tool Functionality   |
| <ul style="list-style-type: none"><li>• Capabilities match program requirements</li><li>• Proposal reflects appreciation for program needs</li><li>• Acknowledges understanding of short- and long-term program goals</li><li>• Follows RFP sequence, suggesting ability to work within state's unique requirements</li></ul> |
| B. Data Collection  |
| <ul style="list-style-type: none"><li>• Reflects understanding of user possible limitations</li><li>• Feedback loop to providers indicated</li></ul>  |
| C. Technical Requirements   |
| <ul style="list-style-type: none"><li>• Addresses and acknowledges capability to meet all technical requirements</li></ul>  |
| D. Customer Service Capacity  |
| <ul style="list-style-type: none"><li>• Current outreach and training capability within state (211)</li><li>• Customer service support and training materials described</li></ul>   |
| E. Reports  |
| <ul style="list-style-type: none"><li>• Reporting requirements acknowledged</li></ul>   |
| 2. Staffing   |
| <ul style="list-style-type: none"><li>• Staffing plan well documented</li></ul>   |
| 3. Implementation Work Plan   |
| <ul style="list-style-type: none"><li>• Plan reflects the four-month "go live" requirement</li></ul>  |
|   |



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Portland Webworks

**DATE:** 11/12/2020

**EVALUATOR NAME:** David Jorgenson

**EVALUATOR DEPARTMENT:** DHHS / OMS

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> ) |
|   |
| 1. Overview of the Organization   |
| • Provided  |
| • Experience working with Maine 211   |
| 2. Subcontractors   |
| • None  |
| 3. Organizational Chart   |
| • Provided  |
| 4. Litigation   |
| • None  |
| 5. Financial Viability  |
| • Provided  |
| 6. Certificate of Insurance   |
| • Provided  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Portland Webworks

**DATE:** 11/12/2020

**EVALUATOR NAME:** David Jorgenson

**EVALUATOR DEPARTMENT:** DHHS / OMS

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)  |
| 1. Services to be Provided - Part II (Limited to 20 pages)   |
|  |
| A. Service Locator Tool Functionality  |
| <ul style="list-style-type: none"><li>• Meets requirements</li><li>• Future enhancement possibilities discussed</li><li>• Built using Drupal off-the-shelf product</li></ul> |
| B. Data Collection   |
| <ul style="list-style-type: none"><li>• Meets requirements</li></ul>   |
| C. Technical Requirements  |
| <ul style="list-style-type: none"><li>• Meets requirements</li></ul>   |
| D. Customer Service Capacity   |
| <ul style="list-style-type: none"><li>• Meets requirements</li></ul>   |
| E. Reports   |
| <ul style="list-style-type: none"><li>• Meets requirements</li></ul>   |
| 2. Staffing  |
| <ul style="list-style-type: none"><li>• Meets requirements</li></ul>   |
| 3. Implementation Work Plan  |
| <ul style="list-style-type: none"><li>• Meets requirements</li></ul>   |
|  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Portland Web Works

**DATE:** 11/08/2020

**EVALUATOR NAME:** Joanie Klayman

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

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**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )   |
|   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• Maine-based organization with resource portal and application development experience in Maine</li><li>• Experience in other states outlined</li></ul> |
| 2. Subcontractors   |
| <ul style="list-style-type: none"><li>• None</li></ul>  |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"><li>• Organizational chart provided</li></ul>   |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>• None</li></ul>  |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• Provided 3 years of Profit and Loss Statements; and Dunn &amp; Bradstreet rating</li></ul>  |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"><li>• Provided</li></ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Portland Web Works

**DATE:** 11/08/2020

**EVALUATOR NAME:** Joanie Klayman

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)                        |
| 1. Services to be Provided - Part II (Limited to 20 pages)               |
|  |
| A. Service Locator Tool Functionality                                    |
| • Functionality described  |
| B. Data Collection   |
| • Data elements detailed   |
| C. Technical Requirements  |
| • Technical requirements reviewed; future requirements will be explored. |
| D. Customer Service Capacity   |
| • Customer service support and training materials described              |
| E. Reports   |
| • Reporting requirements addressed                                       |
| 2. Staffing  |
| • Staffing plan provided   |
| 3. Implementation Work Plan  |
| • Implementation Plan provided   |
|  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Portland Webworks

**DATE:** 11/10/2020

**EVALUATOR NAME:** Lisa M. Letourneau MD, MPH

**EVALUATOR DEPARTMENT:** ME DHHS – Commissioner's Office

\*\*\*\*\*

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**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )   |
|   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• P – Good prior relationships with state (211)</li><li>• N – no clear history of having done similar projects specifically to develop Service Locator Tool; examples of projects completed appear to be more consistent with website design than service locator tools, per se</li></ul> |
| 2. Subcontractors   |
| <ul style="list-style-type: none"><li>• N/a</li></ul>   |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"><li>• Submitted</li><li>• Q – very small organization; not clear that they have the capacity required to successfully take on &amp; complete this project</li></ul>   |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>• None</li></ul>  |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• Provided 3 yrs financial statements</li></ul>   |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"><li>• Provided</li></ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Portland Webworks

**DATE:** 11/10/2020

**EVALUATOR NAME:** Lisa M. Letourneau MD, MPH

**EVALUATOR DEPARTMENT:** ME DHHS – Commissioner's Office

\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section III. Proposed Services (File #3)   |
| 1. Services to be Provided - Part II (Limited to 20 pages)  |
|   |
| A. Service Locator Tool Functionality   |
| <ul style="list-style-type: none"><li>• Q – Response describes intent to develop tool with required functionality, but relatively low level of detail raises questions re: ability to do so</li><li>• N – Exhibit that is intended to show decision support tool does not include sufficient detail to allow evaluation of their plan for such a tool</li></ul> |
| B. Data Collection  |
| <ul style="list-style-type: none"><li>• N – Response notes plan to collect data from MHDO, but not much detail on plan to interact directly with provider community, including plan for accessing real-time availability of services</li></ul>  |
| C. Technical Requirements   |
| <ul style="list-style-type: none"><li>• Q – Limited detail; difficult to fully assess</li></ul>   |
| D. Customer Service Capacity  |
| <ul style="list-style-type: none"><li>• N - Limited detail; difficult to fully assess</li></ul>   |
| E. Reports  |
| <ul style="list-style-type: none"><li>• N – Very little detail provided in this section; not sufficient to assess</li></ul>   |
| 2. Staffing   |
| <ul style="list-style-type: none"><li>• Q – Relatively small staff apparently assigned to this project; not clear that they would have capacity to successfully complete this project</li></ul>   |
| 3. Implementation Work Plan   |
| <ul style="list-style-type: none"><li>• N – Limited detail in workplan, and ambitious timeline; does not seem to be realistic</li></ul>   |
|   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Prelude

**DATE:** 11/10/2020

**EVALUATOR NAME:** Karen Curtis

**EVALUATOR DEPARTMENT:** DAFS/OIT

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )   |
|   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• Provided – No HHS experience noted.</li><li>• No Appendix C or D provided</li></ul> |
| 2. Subcontractors   |
| <ul style="list-style-type: none"><li>• None</li></ul>  |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"><li>• Provided</li></ul>  |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>• None</li></ul>  |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• Provided</li></ul>  |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"><li>• Provided</li></ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Prelude

**DATE:** 11/10/2020

**EVALUATOR NAME:** Karen Curtis

**EVALUATOR DEPARTMENT:** DAFS/OIT

\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section III. Proposed Services (File #3)   |
| 1. Services to be Provided - Part II (Limited to 20 pages)  |
|   |
| A. Service Locator Tool Functionality   |
| <ul style="list-style-type: none"><li>• Not provided – Only required attachments were provided.</li><li>• Assessment tool (attach 7) is a search tool – no self assessment referenced or mentioned. Seems to have missed the requirement in A.1.f</li></ul> |
| B. Data Collection  |
| <ul style="list-style-type: none"><li>• No information provided</li></ul>   |
| C. Technical Requirements   |
| <ul style="list-style-type: none"><li>• Not provided</li><li>• No reference to security requirements</li></ul>  |
| D. Customer Service Capacity  |
| <ul style="list-style-type: none"><li>• Not provided</li></ul>  |
| E. Reports  |
| <ul style="list-style-type: none"><li>• Not provided. Found one sentence on page 16 that refers to reporting. Using this service we will store various searches performed with will later use for reporting</li></ul>                                       |
| 2. Staffing   |
| <ul style="list-style-type: none"><li>• Only 5 staff for the complete project? Seems very lite.</li></ul>   |
| 3. Implementation Work Plan   |
| <ul style="list-style-type: none"><li>• Minimal information provided</li><li>• Does not seem like they understand the scope of work</li></ul>   |
|   |



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Prelude Systems, Inc.

**DATE:** 11/12/2020

**EVALUATOR NAME:** Rick Henning

**EVALUATOR DEPARTMENT:** DHHS/DCM

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )   |
|   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• No mention of experience or ability regarding RFP scope</li><li>• Referenced a non-associated project</li><li>• Must conclude this section is simply a cut-and-paste</li><li>• Only one of the three project examples addressed RFP scope</li></ul> |
| 2. Subcontractors   |
| <ul style="list-style-type: none"><li>• None stated</li></ul>   |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"><li>• Provided</li></ul>  |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>• None stated</li></ul>   |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• Non audited financial statements provided</li></ul>   |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"><li>• Yes</li></ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Prelude Systems, Inc.

**DATE:** 11/12/2020

**EVALUATOR NAME:** Rick Henning

**EVALUATOR DEPARTMENT:** DHHS/DCM

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)          |
| 1. Services to be Provided - Part II (Limited to 20 pages) |
|  |
| A. Service Locator Tool Functionality                      |
| • Did not address, per RFP instructions                    |
| B. Data Collection   |
| • Did not address, per RFP instructions                    |
| C. Technical Requirements                                  |
| • Did not address, per RFP instructions                    |
| D. Customer Service Capacity                               |
| • Did not address, per RFP instructions                    |
| E. Reports   |
| • Did not address, per RFP instructions                    |
| 2. Staffing  |
| • Provided attachment                                      |
| 3. Implementation Work Plan                                |
| • Provided attachment                                      |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Prelude Systems

**DATE:** 11/10/20

**EVALUATOR NAME:** David Jorgenson

**EVALUATOR DEPARTMENT:** DHHS OMS

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> ) |
|   |
| 1. Overview of the Organization   |
| •   |
| 2. Subcontractors   |
| • None  |
| 3. Organizational Chart   |
| •   |
| 4. Litigation   |
| •   |
| 5. Financial Viability  |
| •   |
| 6. Certificate of Insurance   |
| •   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Prelude Systems

**DATE:** 11/10/20

**EVALUATOR NAME:** David Jorgenson

**EVALUATOR DEPARTMENT:** DHHS OMS

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)  |
| 1. Services to be Provided - Part II (Limited to 20 pages)   |
|  |
| A. Service Locator Tool Functionality  |
| <ul style="list-style-type: none"><li>Proposed functionality appears to be very limited. Much of the functionality described is already available to the Department in MaineCare's provider search tool.</li></ul>   |
| B. Data Collection   |
| <ul style="list-style-type: none"><li>Data collection not described in detail. Only the connection to MHDO is described at all, and other connections are not described.</li><li>Manual data entry does not appear to be supported.</li><li>No discussion of HIE.</li><li>No quality assurance</li></ul> |
| C. Technical Requirements  |
| <ul style="list-style-type: none"><li>Proposal does not address technical requirements section of the RFP in any detail.</li><li>No mention of HIPAA</li></ul>   |
| D. Customer Service Capacity   |
| <ul style="list-style-type: none"><li>Not described.</li><li>No trainings or helpline</li></ul>  |
| E. Reports   |
| <ul style="list-style-type: none"><li>Not described</li></ul>  |
| 2. Staffing  |
| <ul style="list-style-type: none"><li></li></ul>   |
| 3. Implementation Work Plan  |
| <ul style="list-style-type: none"><li></li></ul>   |
|  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Prelude Systems

**DATE:** 11.12.2020

**EVALUATOR NAME:** Joanie Klayman

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )  |
|  |
| 1. Overview of the Organization  |
| <ul style="list-style-type: none"><li>• Technology services provider delivering IT solutions.</li><li>• No State experiences</li><li>• No Maine Experience</li><li>• Experience with a project that creates and manages appointments</li></ul> |
| 2. Subcontractors  |
| <ul style="list-style-type: none"><li>• NA</li></ul>   |
| 3. Organizational Chart  |
| <ul style="list-style-type: none"><li>• Organization Chart provided</li><li>• No project specific information provided</li></ul>   |
| 4. Litigation  |
| <ul style="list-style-type: none"><li>• None</li></ul>   |
| 5. Financial Viability   |
| <ul style="list-style-type: none"><li>• 3 years of financial statements provided</li></ul>   |
| 6. Certificate of Insurance  |
| <ul style="list-style-type: none"><li>• Certificate provided</li></ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Prelude Systems

**DATE:** 11.12.2020

**EVALUATOR NAME:** Joanie Klayman

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)  |
| 1. Services to be Provided - Part II (Limited to 20 pages)   |
|  |
| A. Service Locator Tool Functionality  |
| <ul style="list-style-type: none"><li>• Web application described</li><li>• Screen Shots of platform provided</li><li>• Project assumptions provided</li></ul> |
| B. Data Collection   |
| <ul style="list-style-type: none"><li>• Data collection module referenced.</li></ul>   |
| C. Technical Requirements  |
| <ul style="list-style-type: none"><li>• Described technical offerings, methodology and expertise</li></ul>   |
| D. Customer Service Capacity   |
| <ul style="list-style-type: none"><li>• Part II Section D.1-2 not addressed</li></ul>  |
| E. Reports   |
| <ul style="list-style-type: none"><li>• Summary statement on reporting/audits provided.</li></ul>  |
| 2. Staffing  |
| <ul style="list-style-type: none"><li>• Resumes provided</li></ul>   |
| 3. Implementation Work Plan  |
| <ul style="list-style-type: none"><li>• Implementation work plan provided</li></ul>  |
|  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Prelude Systems

**DATE:** 11/15/2020

**EVALUATOR NAME:** Lisa M. Letourneau MD, MPH

**EVALUATOR DEPARTMENT:** ME DHHS – Commissioner's Office

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )   |
|   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• N: does not appear to have relevant experience; all 3 examples are not directly relevant to Service Locator</li></ul> |
| 2. Subcontractors   |
| <ul style="list-style-type: none"><li>• n/a</li></ul>   |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"><li>• N: very basic</li></ul>   |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>• n/a</li></ul>   |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• N: submitted 1 yr only</li></ul>  |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"><li>• Included</li></ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Prelude Systems

**DATE:** 11/15/2020

**EVALUATOR NAME:** Lisa M. Letourneau MD, MPH

**EVALUATOR DEPARTMENT:** ME DHHS – Commissioner's Office

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)            |
| 1. Services to be Provided - Part II (Limited to 20 pages)   |
|  |
| A. Service Locator Tool Functionality                        |
| • N: extremely limited description; graphics are rudimentary |
| B. Data Collection   |
| • N: extremely limited                                       |
| C. Technical Requirements                                    |
| • N: extremely limited                                       |
| D. Customer Service Capacity                                 |
| • N: extremely limited                                       |
| E. Reports   |
| • N: extremely limited                                       |
| 2. Staffing  |
| • N: no apparent SUD experience or expertise; all technical  |
| 3. Implementation Work Plan                                  |
| • N: extremely limited                                       |
|  |



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Protech

**DATE:** 11/13/2020

**EVALUATOR NAME:** Karen Curtis

**EVALUATOR DEPARTMENT:** DAFS/OIT

\*\*\*\*\*

**Instructions:** *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> ) |
|   |
| 1. Overview of the Organization   |
| • Provided  |
| 2. Subcontractors   |
| • I – one of subs is one of reference projects                                      |
| 3. Organizational Chart   |
| • Provided  |
| 4. Litigation   |
| • Provided  |
| 5. Financial Viability  |
| • Provided  |
| 6. Certificate of Insurance   |
| • Provided  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Protech

**DATE:** 11/13/2020

**EVALUATOR NAME:** Karen Curtis

**EVALUATOR DEPARTMENT:** DAFS/OIT

\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section III. Proposed Services (File #3)   |
| 1. Services to be Provided - Part II (Limited to 20 pages)  |
|   |
| A. Service Locator Tool Functionality   |
| <ul style="list-style-type: none"><li>• Currently developing mobile app</li><li>• Account required by user</li><li>• No integration with AD</li><li>•</li></ul> |
| B. Data Collection  |
| <ul style="list-style-type: none"><li>• Availability and capacity will be added</li></ul>   |
| C. Technical Requirements   |
| <ul style="list-style-type: none"><li>• Who are the Hipa Experts? One of the subs?</li></ul>  |
| D. Customer Service Capacity  |
| <ul style="list-style-type: none"><li>• Met</li></ul>   |
| E. Reports  |
| <ul style="list-style-type: none"><li>• Met</li></ul>   |
| 2. Staffing   |
| <ul style="list-style-type: none"><li>• Time for "implementation testers..." seems high</li></ul>   |
| 3. Implementation Work Plan   |
| <ul style="list-style-type: none"><li>• met</li></ul>   |
|   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Protech Solutions

**DATE:** 11/12/2020

**EVALUATOR NAME:** Rick Henning

**EVALUATOR DEPARTMENT:** DHHS/DCM

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )   |
|   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>Experienced and has reached out to Maine-related partners</li><li>Three projects similar in overall scope</li></ul> |
| 2. Subcontractors   |
| <ul style="list-style-type: none"><li>Four noted, two Maine-based</li></ul>   |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"><li>Yes, project-related</li></ul>  |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>Five noted: two bid protests, two trade practices/breach, one unknown</li></ul>                                     |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>2017/18 audited financials. 2019 1120-S</li></ul>   |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"><li>Provided, but expired 11/1/20 (after original proposal due date)</li></ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Protech Solutions

**DATE:** 11/12/2020

**EVALUATOR NAME:** Rick Henning

**EVALUATOR DEPARTMENT:** DHHS/DCM

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)  |
| 1. Services to be Provided - Part II (Limited to 20 pages)   |
|  |
| A. Service Locator Tool Functionality  |
| <ul style="list-style-type: none"><li>• Indicates developing now a provider-facing app for its proprietary s/ware</li><li>• Detailed references of proprietary s/ware to RFP requirements as well as details of RFP-related enhancements</li></ul> |
| B. Data Collection   |
| <ul style="list-style-type: none"><li>• Addressed...not just the what but also the how</li></ul>   |
| C. Technical Requirements  |
| <ul style="list-style-type: none"><li>• Push back on some response items. Do not seem to be material to daily operations</li></ul>   |
| D. Customer Service Capacity   |
| <ul style="list-style-type: none"><li>• Use of train-the-trainer concept</li><li>• Has reached out to Maine entities laying groundwork for local engagement</li></ul>  |
| E. Reports   |
| <ul style="list-style-type: none"><li>• Appears capable of providing all required reports</li></ul>  |
| 2. Staffing  |
| <ul style="list-style-type: none"><li>• All well-documented and components are intrasupportive</li></ul>   |
| 3. Implementation Work Plan  |
| <ul style="list-style-type: none"><li>• Acknowledges four-month delivery</li><li>• Evidences planned collaboration by Maine entities</li></ul>   |
|  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Protech Solutions

**DATE:** 11/14/2020

**EVALUATOR NAME:** David Jorgenson

**EVALUATOR DEPARTMENT:** DHHS / OMS

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> ) |
|   |
| 1. Overview of the Organization   |
| • Meets requirements  |
| 2. Subcontractors   |
| • Multiple subcontractors   |
| 3. Organizational Chart   |
| • Provided  |
| 4. Litigation   |
| • Provided  |
| 5. Financial Viability  |
| • Provided  |
| 6. Certificate of Insurance   |
| • Provided  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Protech Solutions

**DATE:** 11/14/2020

**EVALUATOR NAME:** David Jorgenson

**EVALUATOR DEPARTMENT:** DHHS / OMS

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)  |
| 1. Services to be Provided - Part II (Limited to 20 pages)   |
|  |
| A. Service Locator Tool Functionality  |
| <ul style="list-style-type: none"><li>• Will be built off of existing Good Grid system.</li><li>• Meets requirements</li></ul> |
| B. Data Collection   |
| <ul style="list-style-type: none"><li>• Meets requirements</li></ul>   |
| C. Technical Requirements  |
| <ul style="list-style-type: none"><li>• Meets requirements</li><li>• Includes discussion of future capabilities</li></ul>      |
| D. Customer Service Capacity   |
| <ul style="list-style-type: none"><li>• Meets requirements</li></ul>   |
| E. Reports   |
| <ul style="list-style-type: none"><li>• Meets requirements</li></ul>   |
| 2. Staffing  |
| <ul style="list-style-type: none"><li>• Meets requirements</li></ul>   |
| 3. Implementation Work Plan  |
| <ul style="list-style-type: none"><li>• Meets requirements</li></ul>   |
|  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Protech Solutions

**DATE:** 11/12/2020

**EVALUATOR NAME:** Joanie Klayman

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )   |
|   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• Experience in Maine</li><li>• State experience</li></ul>  |
| 2. Subcontractors   |
| <ul style="list-style-type: none"><li>• Maine-based and out of state subcontractors identified</li><li>• Subcontractors/consultant experience with SUD provided</li></ul> |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"><li>• Organizational Chart Provided</li></ul>   |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>• Two closed cases of litigation</li><li>• Three open cases of litigation</li></ul>   |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• 3 years of independent auditor's reports provided</li></ul>   |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"><li>• Certificate of Insurance provided</li></ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Protech Solutions

**DATE:** 11/12/2020

**EVALUATOR NAME:** Joanie Klayman

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)  |
| 1. Services to be Provided - Part II (Limited to 20 pages)   |
|  |
| A. Service Locator Tool Functionality  |
| <ul style="list-style-type: none"><li>• Tool functionality described</li><li>• Viewing access detailed</li><li>• Roles of Subcontractors/Consultant regarding functionality requirements described</li><li>• Sample tools provided</li></ul> |
| B. Data Collection   |
| <ul style="list-style-type: none"><li>• Current and future capability addressed</li></ul>  |
| C. Technical Requirements  |
| <ul style="list-style-type: none"><li>• Technical requirements addressed; attachments provided</li></ul>   |
| D. Customer Service Capacity   |
| <ul style="list-style-type: none"><li>• Training plan and engagement strategies provided</li></ul>   |
| E. Reports   |
| <ul style="list-style-type: none"><li>• Reporting plan provided</li></ul>  |
| 2. Staffing  |
| <ul style="list-style-type: none"><li>• Job descriptions, resumes, staffing plan provided</li></ul>  |
| 3. Implementation Work Plan  |
| <ul style="list-style-type: none"><li>• Implementation work plan with training, communication and outreach plan provided</li></ul>   |
|  |



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Protech Solutions

**DATE:** 11/15/2020

**EVALUATOR NAME:** Lisa M. Letourneau MD, MPH

**EVALUATOR DEPARTMENT:** ME DHHS – Commissioner's Office

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )  |
|  |
| 1. Overview of the Organization  |
| <ul style="list-style-type: none"><li>• P: some demonstrated knowledge of Maine environment</li><li>• P: some experience with tracking &amp; supporting social service needs, as well as SUD recovery housing</li><li>• N: no specific experience with creating similar SUD service locator tool; primary experience is with social services matching tool</li></ul> |
| 2. Subcontractors (ATX Advisory Svcs, Ron Springel, SC Thrive, ASAM Continuum)   |
| <ul style="list-style-type: none"><li>• Q: not clear what specific roles each of the contractors is intended to play</li></ul>   |
| 3. Organizational Chart  |
| <ul style="list-style-type: none"><li>• Submitted, adequate</li></ul>  |
| 4. Litigation  |
| <ul style="list-style-type: none"><li>• 5 cases; 3 w/ Protech as litigant, 2 as defendant</li></ul>  |
| 5. Financial Viability   |
| <ul style="list-style-type: none"><li>• Submitted</li></ul>  |
| 6. Certificate of Insurance  |
| <ul style="list-style-type: none"><li>• Submitted</li></ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Protech Solutions

**DATE:** 11/15/2020

**EVALUATOR NAME:** Lisa M. Letourneau MD, MPH

**EVALUATOR DEPARTMENT:** ME DHHS – Commissioner's Office

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)                          |
| 1. Services to be Provided - Part II (Limited to 20 pages)                 |
|  |
| A. Service Locator Tool Functionality                                      |
| • P: meets requirements  |
| B. Data Collection   |
| • P: meets requirements  |
| • Q: not clear how data will be kept up to date                            |
| C. Technical Requirements  |
| • P: meet requirements   |
| D. Customer Service Capacity   |
| • P: appear to have good experience; proposed train-the-trainer model      |
| E. Reports   |
| • States they will meet requirements                                       |
| 2. Staffing  |
| • P: solid set of staff proposed for project                               |
| • Q: team seems very large; not clear what role of SC team mbrs would play |
| 3. Implementation Work Plan  |
| • N: no detailed work plan apparent  |
|  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Vinyl/ZUDY

**DATE:** 11/15/2020

**EVALUATOR NAME:** Karen Curtis

**EVALUATOR DEPARTMENT:** DAFS/OIT

\*\*\*\*\*

**Instructions:** *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> ) |
|   |
| 1. Overview of the Organization   |
| • Not seeing any relevant experience  |
| 2. Subcontractors   |
| • Not enough details  |
| 3. Organizational Chart   |
| • Very little detail  |
| 4. Litigation   |
| • None  |
| 5. Financial Viability  |
| • Provided  |
| 6. Certificate of Insurance   |
| • Q – Not normal form   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Vinyl/ZUDY

**DATE:** 11/15/2020

**EVALUATOR NAME:** Karen Curtis

**EVALUATOR DEPARTMENT:** DAFS/OIT

\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section III. Proposed Services (File #3)   |
| 1. Services to be Provided - Part II (Limited to 20 pages)  |
|   |
| A. Service Locator Tool Functionality   |
| <ul style="list-style-type: none"><li>• No specifics provided</li></ul>   |
| B. Data Collection  |
| <ul style="list-style-type: none"><li>• States that they can meet</li></ul>   |
| C. Technical Requirements   |
| <ul style="list-style-type: none"><li>• Covered HIPAA, but not 42 CFR compliance</li><li>• Q – Assist with OIT compliance</li></ul> |
| D. Customer Service Capacity  |
| <ul style="list-style-type: none"><li>• Limited information</li></ul>   |
| E. Reports  |
| <ul style="list-style-type: none"><li>• Specifics in RFP not addressed</li></ul>  |
| 2. Staffing   |
| <ul style="list-style-type: none"><li>• Not seeing testers in the plan</li></ul>  |
| 3. Implementation Work Plan   |
| <ul style="list-style-type: none"><li>• Provided</li></ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** VinylDevelopmentZudySoftware

**DATE:** 11/13/2020

**EVALUATOR NAME:** Rick Henning

**EVALUATOR DEPARTMENT:** DHHS/DCM

\*\*\*\*\*

**Instructions:** *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )  |
|  |
| 1. Overview of the Organization  |
| <ul style="list-style-type: none"><li>• Strong data analytics</li><li>• Proprietary s/ware</li><li>• Three projects none specific to RFP scope but demonstrate adaptive capabilities</li></ul> |
| 2. Subcontractors  |
| <ul style="list-style-type: none"><li>• One having experience with substance abuse treatment solutions</li></ul>   |
| 3. Organizational Chart  |
| <ul style="list-style-type: none"><li>• Minimal</li></ul>  |
| 4. Litigation  |
| <ul style="list-style-type: none"><li>• None indicated</li></ul>   |
| 5. Financial Viability   |
| <ul style="list-style-type: none"><li>• Yes, unaudited</li></ul>   |
| 6. Certificate of Insurance  |
| <ul style="list-style-type: none"><li>• Summary under insurer's letterhead. ACORD form not provided.</li></ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** VinylDevelopmentZudySoftware

**DATE:** 11/13/2020

**EVALUATOR NAME:** Rick Henning

**EVALUATOR DEPARTMENT:** DHHS/DCM

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)          |
| 1. Services to be Provided - Part II (Limited to 20 pages) |
|  |
| A. Service Locator Tool Functionality                      |
| • Parroted back RFP Requirements but no detail on the how  |
| B. Data Collection   |
| • Parroted back RFP Requirements but no detail on the how  |
| C. Technical Requirements                                  |
| • Parroted back RFP Requirements but no detail on the how  |
| D. Customer Service Capacity                               |
| • Parroted back RFP Requirements but no detail on the how  |
| E. Reports   |
| • Parroted back RFP Requirements but no detail on the how  |
| 2. Staffing  |
| • Provided first six months                                |
| 3. Implementation Work Plan                                |
| • Acknowledges 4-month timeframe                           |
|  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Vinyl/Zudy

**DATE:** 11/10/2020

**EVALUATOR NAME:** David Jorgenson

**EVALUATOR DEPARTMENT:** DHHS / OMS

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> ) |
|   |
| 1. Overview of the Organization   |
| •   |
| 2. Subcontractors   |
| •   |
| 3. Organizational Chart   |
| •   |
| 4. Litigation   |
| •   |
| 5. Financial Viability  |
| •   |
| 6. Certificate of Insurance   |
| •   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Vinyl/Zudy

**DATE:** 11/10/2020

**EVALUATOR NAME:** David Jorgenson

**EVALUATOR DEPARTMENT:** DHHS / OMS

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section III. Proposed Services (File #3)  |
| 1. Services to be Provided - Part II (Limited to 20 pages)   |
|  |
| A. Service Locator Tool Functionality  |
| <ul style="list-style-type: none"><li>• All elements of functionality appear to be addressed at least at a basic level.</li><li>• Details of how certain functional elements will be provided are often not available.</li></ul>                     |
| B. Data Collection   |
| <ul style="list-style-type: none"><li>• Appears to have ability to connect to many data sources</li><li>• Despite the ability to integrate data sources, there does not appear to be a robust plan on how to identify and collect the data</li></ul> |
| C. Technical Requirements  |
| <ul style="list-style-type: none"><li>• Security compliance is addressed but details are limited.</li></ul>  |
| D. Customer Service Capacity   |
| <ul style="list-style-type: none"><li>• Training, documentation, and support are addressed.</li></ul>  |
| E. Reports   |
| <ul style="list-style-type: none"><li>• Reporting functionality is available.</li></ul>  |
| 2. Staffing  |
| <ul style="list-style-type: none"><li>• Staffing is potentially light on technical staff</li></ul>   |
| 3. Implementation Work Plan  |
| <ul style="list-style-type: none"><li>• OK</li></ul>   |
|  |



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Vinyl Development LLC DBA Zudy Software

**DATE:** 11/12/2020

**EVALUATOR NAME:** Joanie Klayman

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )   |
|   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• Experience building custom application platforms</li><li>• Experience implementing application for a Maine business</li><li>• No experience with States</li></ul> |
| 2. Subcontractors   |
| <ul style="list-style-type: none"><li>• A Subcontractor identified</li></ul>  |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"><li>• An Organization chart provided</li></ul>  |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>• No recent litigation</li></ul>  |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• 3 years of financial statements provided</li></ul>  |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"><li>• Provided</li></ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Vinyl Development LLC DBA Zudy Software

**DATE:** 11/12/2020

**EVALUATOR NAME:** Joanie Klayman

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section III. Proposed Services (File #3)   |
| 1. Services to be Provided - Part II (Limited to 20 pages)  |
|   |
| A. Service Locator Tool Functionality   |
| <ul style="list-style-type: none"><li>• Summary statements provided</li><li>• Manual provided as example</li></ul>                                |
| B. Data Collection  |
| <ul style="list-style-type: none"><li>• Summary statements provided for B1-5.</li></ul>   |
| C. Technical Requirements   |
| <ul style="list-style-type: none"><li>• Included summary statements in response to C.1- 18</li></ul>  |
| D. Customer Service Capacity  |
| <ul style="list-style-type: none"><li>• Training referenced</li></ul>   |
| E. Reports  |
| <ul style="list-style-type: none"><li>• Described having robust capabilities</li><li>• E.1 and E.2 reporting requirements not addressed</li></ul> |
| 2. Staffing   |
| <ul style="list-style-type: none"><li>• Staffing plan provided</li><li>• Resumes of existing staff provided</li></ul>                             |
| 3. Implementation Work Plan   |
| <ul style="list-style-type: none"><li>• Implementation work plan provided</li></ul>   |
|   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Vinyl Development DBA Zudy

**DATE:** 11/15/2020

**EVALUATOR NAME:** Lisa M. Letourneau MD, MPH

**EVALUATOR DEPARTMENT:** ME DHHS – Commissioner's Office

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section II. Organizational Qualification and Experience ( <i>File #2</i> )   |
|   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• P: has developed reporting programs for several organizations</li><li>• N: no direct experience developing service locator tool</li></ul> |
| 2. Subcontractors (Timothy Sullivan – Connector LLC)  |
| <ul style="list-style-type: none"><li>• P: Subcontractor has experience with SUD</li><li>• Q: not clear what subcontractor's role will be</li></ul>                               |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"><li>• N: very rudimentary</li></ul>   |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>• n/a</li></ul>   |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• N: submitted only unaudited summary statement</li><li>• N: has been in negative cash flow for 2 of 3 past years</li></ul>                 |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"><li>• Submitted</li></ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202009134

**RFP TITLE:** SERVICE LOCATOR TOOL

**BIDDER NAME:** Vinyl Development DBA Zudy

**DATE:** 11/15/2020

**EVALUATOR NAME:** Lisa M. Letourneau MD, MPH

**EVALUATOR DEPARTMENT:** ME DHHS – Commissioner's Office

\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section III. Proposed Services (File #3)   |
| 1. Services to be Provided - Part II (Limited to 20 pages)  |
|   |
| A. Service Locator Tool Functionality   |
| <ul style="list-style-type: none"><li>• N: doesn't clear describe Svc Locator tool functionality</li><li>• N: reference to using "Recovery Connector credits (Pg 9) for information on SUD treatment options, but relationship/deliverables not clear</li></ul> |
| B. Data Collection  |
| <ul style="list-style-type: none"><li>• N: very little detail provided beyond statement that they will use MHDO data; no reflection or stated knowledge of Maine SUD treatment community is included</li></ul>  |
| C. Technical Requirements   |
| <ul style="list-style-type: none"><li>• P: adequate</li></ul>   |
| D. Customer Service Capacity  |
| <ul style="list-style-type: none"><li>• N: very little detail included</li></ul>  |
| E. Reports  |
| <ul style="list-style-type: none"><li>• N: no specifics included</li></ul>  |
| 2. Staffing   |
| <ul style="list-style-type: none"><li>• P: detailed staffing list included</li></ul>  |
| 3. Implementation Work Plan   |
| <ul style="list-style-type: none"><li>• P: detailed work plan included</li></ul>  |
|   |



**STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**

**Janet T. Mills  
Governor**

**Jeanne M. Lambrew, Ph.D  
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFP #: 202009134  
RFP TITLE: Service Locator Tool**

I,   Karen Curtis   accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand that the evaluation process is to be conducted in an impartial manner. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

**I agree to hold confidential all information related to the contents of Requests for Proposals presented during the review process until such time as the Department formally releases the funding decision notices for public distribution.**

DocuSigned by:

*Karen Curtis*

1C89854B1CAE4AC...

November 2, 2020

**Signature**

**Date**



Janet T. Mills  
Governor

STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES

Jeanne M. Lambrew, Ph.D  
Commissioner

**AGREEMENT AND DISCLOSURE STATEMENT**

RFP #: 202009134

RFP TITLE: Service Locator Tool

I, Richard Henning, accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

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Signature

Date

2/24/2020



**STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**

**Janet T. Mills  
Governor**

**Jeanne M. Lambrew, Ph.D  
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFP #: 202009134  
RFP TITLE: Service Locator Tool**

I, David Jorgenson accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

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I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand that the evaluation process is to be conducted in an impartial manner. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

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DocuSigned by:  
A handwritten signature in blue ink, appearing to read "David Jorgenson".  
F527EC6AA8C44C1

**Signature**

**Date**

November 3, 2020



**STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**

**Janet T. Mills  
Governor**

**Jeanne M. Lambrew, Ph.D  
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFP #: 202009134  
RFP TITLE: Service Locator Tool**

I, Joan Klayman accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

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DocuSigned by:  
A blue ink signature of Joan Klayman.  
AE9BFE08A764416...

**Signature**

**Date**

November 2, 2020





STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D  
Commissioner

AGREEMENT AND DISCLOSURE STATEMENT  
RFP #: 202009134  
RFP TITLE: Service Locator Tool

I, Lisa M. Letourneau accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

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I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand that the evaluation process is to be conducted in an impartial manner. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

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Signature

Date

11/2/2020